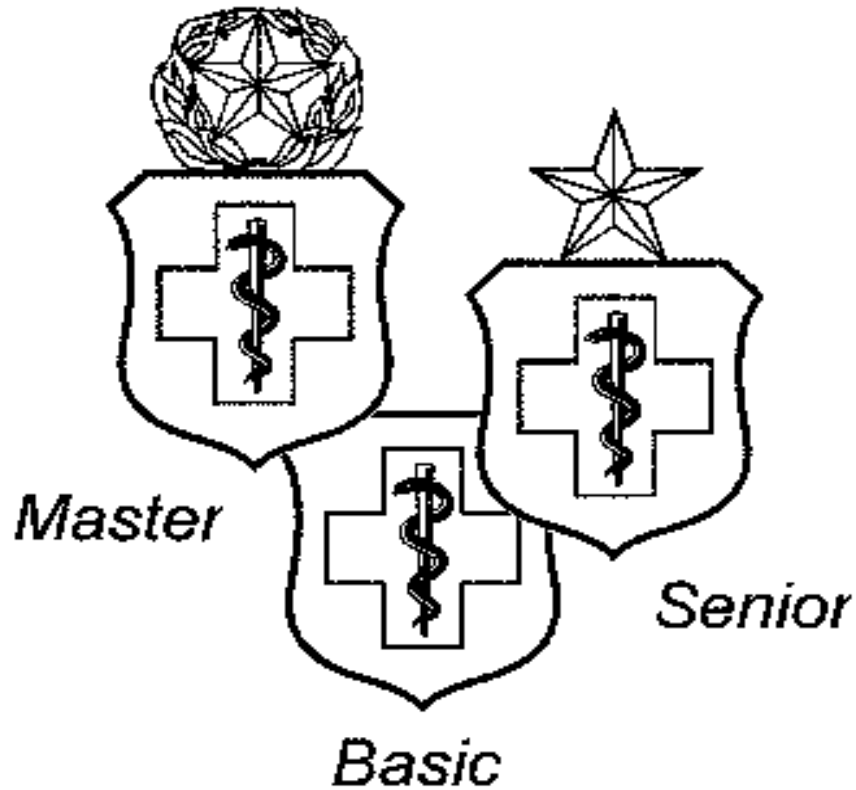


MEDICAL SERVICE SPECIALTY

GASTROENTEROLOGY



TRAINING THE BEST MEDICS FOR THE BEST  
AIR FORCE IN THE WORLD

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## **QTP 4N0X1-14**

### **MEDICAL SERVICE SPECIALTY GASTROENTEROLOGY TECHNICIAN**

#### *Volume 14: Gastroenterology*

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## INTRODUCTION

1. These Qualification Training Packages (QTPs) were developed to enhance on-the-job training for *Aerospace Medical Service Specialty* personnel. As a trainer, the QTPs provide you with the breakdown of tasks into teachable elements. The teachable elements will help you to guide the trainee toward sufficient proficiency for task performance **without assistance**. QTPs are also used by the task certifier/certification official to evaluate trainees concerning tasks which need third-party certification.
2. Review each volume and identify which modules of QTPs are needed for the trainee's job position. Core task items are identified with the number "5" on the STS Column 2; these items are the minimum mandatory skills which are required for all 4N0X1 personnel to be proficient in performing. You have the flexibility to arrange training for each module in the order that you decide.
3. Review the subject-area tasks in each module with the trainee. Direct the trainee to review the training references to gain a better understanding of the objective for each module. If the trainee has any questions about the objective, clarify the behavior that is expected in the objective. Review the performance checklist with the trainee, and allow him/her sufficient time to learn each step (some objectives may take longer to teach). Remember--the objective of each QTP is to standardize training and to allow sufficient time for the trainee to learn each task thoroughly in order to perform the task **without assistance**.
4. When the trainee receives sufficient training and is ready to be evaluated on an objective, follow the evaluation instructions. The performance checklist must be used as you evaluate each task objective. When the trainee successfully accomplishes the objective, document task completion appropriately in the six-part folder.
6. The QTP task completion is to be annotated on AF Form 1098, *Special Task Certification and Recurring Training*, filed in Part 3, Section B of the six-part training folder. **NOTE:** The individual checklists are **not** filed in each member's six-part training folder. A master checklist is filed in Part 3, Section B of the Master Training Plan (MTP) six-part training folder.
7. If the trainee does not accomplish the objective, review the areas which need remediation. Conduct a feedback concerning each module with the trainee, and document appropriately in the 6-part folder. As the trainer, when you are satisfied that the trainee is qualified to perform the task, he/she will be re-evaluated until the objective is met.
8. If the task which is being trained requires third-party certification by a task certifier/certifying official, the trainer first must ensure that the trainee is qualified to perform the task **without assistance**. Then the trainee will be evaluated by a task certifier/certifying official. The tasks which require third-party certification are denoted

with a “^” in Column 3E of the Career Field Education and Training Plan (CFETP). After third-party certification, training qualification is documented appropriately in the 6-part folder.

9. The QTPs are a necessary tool for standardizing refresher/sustainment training. Such standardization will benefit the CFETP training concept throughout each member’s career. These documents also will be utilized for assessing/certifying the Aerospace Medical Service Specialist each time that he/she is assigned to a new duty position. The QTP developers’ goal is to publish a usable document for certifying officials, trainers, and trainees for the purpose of enhancing on-the-job training for *Aerospace Medical Service Specialty* personnel. We value your first-hand expertise, and we encourage your feedback. Direct all inquiries to:

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***ASSISTING WITH COLONOSCOPY/HOT BIOPSY OR POLYPECTOMY***

<b>SUBJECT AREA:</b>	Gastroenterology.
<b>TASK(s):</b>	Assist with colonoscopy/hot biopsy or snare polypectomy
<b>CFETP/STS REFERENCE(s):</b>	Pertinent AF Form 797
<b>EQUIPMENT REQUIRED:</b>	Colonoscope, Light source, suction source, 10% formalin jars, biopsy forceps/Snares, lubricant jelly, 4x8 gauze pads, suction polyp trap, oxygen supply, water bottle, sterile water, ECG monitor available, pulse oximeter, blood pressure cuff or monitor, gloves, face shield, disposable gown
<b>TRAINING REFERENCE(s):</b>	<u>Lippincott Manual of Nursing Practice</u> , (current edition); <u>Gastrointestinal Diseases</u> , Volume I and II, (current edition); <u>Gastroenterology Assistant</u> , (current edition); <u>Manual of Gastrointestinal Procedures</u> , (current edition).
<b>REMARKS/NOTES:</b>	**Notify physician if patient is currently on anticoagulation therapy, aspirin, or nonsteroidal anti-inflammatory drugs. During the procedure, monitor the patient's clinical status, especially rate and depth of respiration. Positively encourage the patient with a soft voice, gentle touching, and by repositioning the patient comfortably. Relay any concern to the physician about the clinical status of the patient immediately.
<b>OBJECTIVE:</b>	The trainee will successfully demonstrate without error the performance aspects of assisting with colonoscopy/hot biopsy or snare polypectomy.

## EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
<b>ASSIST WITH COLONOSCOPY</b>		
1. Identify patient, explain procedure and validate written consent		
2. Verify preprocedure bowel preparation		
3. Wash hands and don protective attire		
4. Obtain appropriate colonoscope (pediatric or adult)		
5. Insert air/water and suction buttons/lubricate with oil as needed		
6. Connect scope to light source and processor		
7. Turn equipment on (processor/light source/VCR/printer)		
8. Connect water bottle and suction		
9. Turn scope light on/white balance color scheme		
10. Split photograph screen		
11. Input patient demographics		
12. Perform preoperation inspection		
13. Set up emergency equipment		
14. Set up supplies/equipment for standard special procedures		
a. Hot or Cold tissue biopsy		
b. Snare polypectomy		
c. Heater probe/gold probe electrocautery		
d. Schlerotherapy		
e. Balloon dilatation		
15. Position patient in left lateral recumbent position/drape appropriately		
16. Assist physician as necessary		
17. Monitor patient as required for conscious sedation		
18. Preclean and sterilize/high-level disinfect colonoscope		
19. Disinfect bed/work area prior to next patient		
20. Verify post-procedure discharge instructions were given		
<b>ASSIST WITH HOT BIOPSY OR SNARE POLYPECTOMY</b>		
1. Set up electrosurgical generator (i.e. Endostat, Valleylab or equivalent)		
2. Attach grounding pad to patient		
3. Connect active cord to hot biopsy forceps or snare device		
4. Select generator settings as directed by physician/IAW manufacturers instruction		
5. Perform biopsy or polypectomy as directed by physician		
6. Process specimens for pathology		

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

***ASSISTING WITH RIGID OR FLEXIBLE SIGMOIDOSCOPE***

<b>SUBJECT AREA:</b>	Gastroenterology.
<b>TASK(s):</b>	Assist with rigid or flexible sigmoidoscope.
<b>CFETP/STS REFERENCE(s):</b>	Pertinent AF Form 797.
<b>EQUIPMENT REQUIRED:</b>	Sigmoidoscope, Light source, suction source, 10% formalin jars, biopsy forceps/snare, lubricant jelly, 4x8 gauze pads, suction polyp trap, oxygen supply, gloves, face shield, disposable gown.
<b>TRAINING REFERENCE(s):</b>	<u>Lippincott Manual of Nursing Practice</u> , (current edition); <u>Gastrointestinal Diseases</u> , Volume I and II, (current edition); <u>Gastroenterology Assistant</u> , (current edition); <u>Manual of Gastrointestinal Procedures</u> , (current edition).
<b>REMARKS/NOTES:</b>	**Notify physician if patient is currently on anticoagulation therapy, aspirin, or non-steroidal anti-inflammatory drugs. During the procedure, monitor the patient's clinical status, especially rate and depth of respiration. Positively encourage the patient with a soft voice, gentle touching, and by repositioning the patient comfortably. Relay any concern to the physician about the clinical status of the patient immediately.
<b>OBJECTIVE:</b>	The trainee will successfully demonstrate without error the setup/performance aspects of assisting with rigid or flexible sigmoidoscope
<b>EVALUATION INSTRUCTIONS:</b>	
1.	After the trainee has received instruction, allow sufficient practice on each part of the task.
2.	The evaluator will <b>STOP</b> the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3.	Use the performance checklist to ensure all steps of the task are accomplished.



4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
<b>ASSIST WITH RIGID SIGMOIDOSCOPY</b>		
1. Identify patient, explain procedure and validate written consent		
2. Administer cleansing enemas (if not already self-administered)		
3. Don protective attire		
4. Obtain rigid sigmoidoscope		
5. Attach light source as applicable		
6. Set up supplies for cold biopsy		
7. Position patient in left lateral recumbent position/drape appropriately		
8. Assist physician with procedure as needed		
9. Verify post-procedure discharge instructions were given		
<b>ASSIST WITH FLEXIBLE SIGMOIDOSCOPY</b>		
1. Identify patient, explain procedure, and validate written consent		
2. Administer cleansing enemas (if not already self-administered)		
3. Don protective attire		
4. Obtain clean flexible sigmoidoscope (will vary with manufacturer)		
5. Attach appropriate air/water & suction buttons		
6. Insert umbilicus into jack on light source/connect processor adaptor		
7. Attach water bottle and suction		
8. Turn on accessory equipment (processor/light source/VCR/printer)		
9. Perform preparation inspection/white balance/split screen		
10. Input patient data as local software dictates (i.e. Endospeak)		
11. Position patient in left lateral recumbent position/drape appropriately		
12. Assist physician with procedure as needed		
13. Monitor patient for possible complications		
14. Preclean and sterilize/high-level disinfect endoscope		
15. Disinfect bed/work area prior to next patient		
<b>FINAL RESULT:</b>		

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

***PERFORM MANUAL PRECLEANING OF ENDOSCOPE***

<b>SUBJECT AREA:</b>	Gastroenterology.
<b>TASK(s):</b>	Perform manual precleaning of endoscope.
<b>CFETP/STS REFERENCE(s):</b>	Pertinent AF Form 797.
<b>EQUIPMENT REQUIRED:</b>	Leakage tester, enzymatic detergent, channel cleaning brush, 30 cc syringe.
<b>TRAINING REFERENCE(s):</b>	<u>Guidelines for the use of high-level disinfectants and sterilants for reprocessing of flexible gastrointestinal endoscopes</u> , Society of Gastrointestinal Nurses and Associates, Inc., 2000 <u>APIC guideline for infection prevention and control in flexible endoscopy</u> , Association for Professional in Infection Control and Epidemiology, Inc., PA 3., 2000 Video and Manual for disinfection of endoscopes by Olympus America
<b>REMARKS/NOTES:</b>	**Instruments failing the leak test cannot be processed in mechanical processors without causing extensive fluid invasion or damage to the internal components of the endoscope. Local directives will need to address adequate sterilization methods (i.e. cold sterilization) prior to sending the scope for repair.
<b>OBJECTIVE:</b>	The trainee will successfully demonstrate without error the performance of manual cleaning of an endoscope.
<b>EVALUATION INSTRUCTIONS:</b>	
1.	After the trainee has received instruction, allow sufficient practice on each part of the task.
2.	The evaluator will <b>STOP</b> the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3.	Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
<b>PERFORMING MANUAL PRECLEANING OF ENDOSCOPE</b>		
1. Gather supplies/equipment		
2. Don protective attire		
3. Suction water through endoscope		
4. Shut down electrical components		
5. Detach scope from processor		
6. Attach protective cap		
7. Submerge in tap water/perform leak test**		
8. Disconnect leak tester to passively release residual air		
9. Inspect for external damage/excess wear/inoperability		
10. Soak/wash in enzymatic detergent IAW manufacturer recommendations		
11. Brush working channel (at least 3 times)		
12. Brush air/water/suction ports		
13. Wash/brush air/water and suction buttons		
14. Rinse thoroughly with tap water		
15. Perform disinfection/sterilization		
<b>FINAL RESULT:</b>		

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

***ASSISTING WITH ESOPHAGOGASTRODUODENOSCOPY (EGD)***

<b>SUBJECT AREA:</b>	Gastroenterology.
<b>TASK(s):</b>	Assist with upper endoscopic examination.
<b>CFETP/STS REFERENCE(s):</b>	Pertinent AF Form 797.
<b>EQUIPMENT REQUIRED:</b>	Upper endoscope, light source, bite block, 2% viscous lidocaine, topical anesthetic spray, two suction sources, oral suction, water bottle, sterile water, oxygen with nasal cannula, ECG monitor available, pulse oximeter, blood pressure cuff or monitor, biopsy forceps, 10% formalin jars, gloves, face shield, disposable gown.
<b>TRAINING REFERENCE(s):</b>	<u>Lippincott Manual of Nursing Practice</u> , (current edition); <u>Gastrointestinal Diseases</u> , Volume I and II, (current edition); <u>Gastroenterology Assistant</u> , (current edition); <u>Manual of Gastrointestinal Procedures</u> , (current edition).
<b>REMARKS/NOTES:</b>	**Notify physician if patient is currently on anticoagulation therapy, aspirin, or non-steroidal anti-inflammatory drugs. Reassure the patient that the endoscope will not interfere with breathing.
<b>OBJECTIVE:</b>	The trainee will successfully demonstrate without error the performance aspects of assisting with an EGD examination.
<b>EVALUATION INSTRUCTIONS:</b>	
1.	After the trainee has received instruction, allow sufficient practice on each part of the task.
2.	The evaluator will <b>STOP</b> the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3.	Use the performance checklist to ensure all steps of the task are accomplished.
4.	Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
<b>ASSIST WITH UPPER ENDOSCOPIC EXAMINATION</b>		
1. Identify patient, explain procedure and validate written consent		
2. Verify NPO status, < 6 months: 4hrs, 6-36 months: 6 hrs, > 36 months: 8hrs		
3. Wash hands and don protective attire		
4. Obtain appropriate endoscope		
5. Attach air/water and suction buttons/lubricate with oil as needed		
6. Connect scope to light source and processor		
7. Turn equipment on (processor/light source/VCR/printer)		
8. Connect water bottle and suction		
9. Turn scope light on/white balance color scheme		
10. Split photograph screen		
11. Input patient demographics as applicable		
12. Perform preoperation inspection (air/water/suction)		
13. Set up emergency equipment		
14. Set up supplies/equipment for standard special procedures		
a. Hot or Cold tissue biopsy		
b. Snare polypectomy		
c. Heater probe/gold probe electrocautery		
d. Schlerotherapy		
e. Balloon dilatation		
15. Position patient/drape appropriately		
16. Assist physician as necessary		
17. Monitor patient as required for conscious sedation		
18. Preclean and sterilize/high-level disinfect endoscope		
19. Disinfect bed/work area prior to next patient		
20. Verify post-procedure discharge instructions were given		
<b>ASSIST WITH HOT BIOPSY OR SNARE POLYPECTOMY</b>		
1. Set up electrosurgical generator (i.e. Endostat, Valleylab or equivalent)		
2. Attach grounding pad to patient		
3. Connect active cord to hot biopsy forceps or snare device		
4. Select generator settings as directed by physician/IAW manufacturers instruction		
5. Perform biopsy or polypectomy as directed by physician		
6. Process specimens for pathology		

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.

***PERFORM STERILIZATION OF ENDOSCOPE***

<b>SUBJECT AREA:</b>	Gastroenterology.
<b>TASK(s):</b>	Perform sterilization of endoscope.
<b>CFETP/STS REFERENCE(s):</b>	Pertinent AF Form 797.
<b>EQUIPMENT REQUIRED:</b>	Automated endoscope processor
<b>TRAINING REFERENCE(s):</b>	<p><u>Guidelines for the use of high-level disinfectants and sterilants for reprocessing of flexible gastrointestinal endoscopes</u>, Society of Gastrointestinal Nurses and Associates, Inc., 2000</p> <p><u>APIC guideline for infection prevention and control in flexible endoscopy</u>, Association for Professional in Infection Control and Epidemiology, Inc., PA 3., 2000</p> <p>Video and Manual for disinfection of endoscopes by Olympus America</p>
<b>REMARKS/NOTES:</b>	<p>**The elevator channel of diagnostic/therapeutic duodenoscopes requires repeated flushing with disinfectant and alcohol. Most mechanical processors do not have adaptors for the channel. Failure to properly irrigate this channel between uses has been shown to contribute to disease transmission and patient infection. See the manufacturers guide for further guidance.</p>
<b>OBJECTIVE:</b>	The trainee will successfully demonstrate without error the performance aspects of performing sterilization of endoscope.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

- |  |
|--|
| <ol style="list-style-type: none"> <li>2. The evaluator will <b>STOP</b> the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.</li> </ol> |
|--|

3. This assessment should not be performed using real patient in an emergency situation.
4. Use the performance checklist to ensure all steps of the task are accomplished.



5. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

PERFORMANCE ITEM	SAT	UNSAT
<b>PERFORMING COLD STERILIZATION OF ENDOSCOPE</b>		
1. Gather supplies/equipment		
2. Don protective attire		
3. Ensure adequate precleaning was performed		
4. Ensure well-ventilated working area		
5. Submerge entire scope in sterilization solution/document time		
6. Soak in sterilant (ie glutaraldehyde) IAW manufacturer's instructions		
7. Rinse thoroughly		
8. Flush inner channels with isopropyl alcohol		
9. Hang in clean area to air dry		
<b>PERFORM MECHANICAL STERILIZATION OF ENDOSCOPE STERIS II PROCESSOR</b>		
1. Don protective attire		
2. Insert acid/buffer canister		
3. Rest scope in appropriate tray		
4. Connect endoscope to adapters		
5. Insert chemical strip		
6. Perform/document biological testing		
7. Initiate cleaning cycles		
8. Log sterilization data from printout		
9. Flush endoscope with isopropyl alcohol		
10. Hang to air dry		
11. Wipe down external surfaces of sterilizer		
12. Wash hands		
<b>OLYMPUS/ETC (Follow manufacturer's instructions for the proper connection of individual scope to the processor)</b>		
1. Don protective attire		
2. Ensure adequate levels of detergent, alcohol, and disinfectant		
3. Connect endoscope to adapters		
4. Close lid, enter scope/operator demographics		
5. Run cleaning cycle		
6. Monitor processors for cycle completion		
7. Remove scopes, hang to air dry		
8. Wipe down external surfaces of processor		
9. Wash hands		
<b>FINAL RESULT:</b>		

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's OJT record.